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APPLICANTS Mark A. Reiley, Piedmont, CA;					
** CONTINUING DATA ***** This application is a DIV of 10/615,727 07/09/2003 which is a DIV of 09/693,272 10/20/2000 PAT 6,610,091 which claims benefit of 60/160,891 10/22/1999					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/29/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 1
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TITLE FACET ARTHROPLASTY DEVICES AND METHODS					
FILING FEE RECEIVED 909	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		